

**Collection Notice:** Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the region. The information will not be disclosed to any other party unless required by law.

**Application is for:**

☐ Itinerant vending

☐ Standing stall

OFFICE USE ONLY

Applicable fee: \$

**Applicant/s details (for a company or registered organisation)**

Company name:

ACN/ ARBN/ IA:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (specify)

Family name:

Given names:

Position:

**Applicant/s details (for individual/s)**

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Family name:

Given names:

Position:

Family name:

Given names:

Position:

**Applicant contact details**

☐ Business

☐ Private

Contact person:

Postal address:

Locality/ Suburb:

State:

Postcode:

Phone:

Mobile:

Fax:

Email:

**Public Liability Insurance**

Please attach a copy of your Broadform Public Liability Insurance Certificate of Currency. The sum insured is to be a minimum of \$10 million and must note the interests of Somerset Regional Council. Note: Applications submitted without their Broadform Public Liability Insurance Certificate of Currency will not be processed until it has been received.

**Amendments (if applicable)**

Provide details of proposed amendments and plans (if required)

**OFFICE USE ONLY**

Receipt number:

Date:

Assessment number:

Lot/Plan:

**Business details** (only business names registered with the Office of Fair Trading can be used)

Business name:		ABN:	
Street address:			
Locality/ Suburb:		State:	Postcode:
Phone:		Mobile:	
Fax:		Email:	
Postal address (if different):			
Locality/ Suburb:		State:	Postcode:
Contact person:			
Phone:		Mobile:	
Fax:		Email:	
Types of products/ goods/ services to be sold:			
Proposed location/s of standing stall:			
Property Lot and Plan (if applicable):			
Proposed operating hours:			

**Vehicle and/or trailer details**

Make	Model	Registration Number	State / Territory

Please attach a copy of your Vehicle Insurance Certificate of Currency in respect of Third Party property damage to the minimum sum insured of \$10 million.

**Declarations**

I/ We declare that I/ we have the authority to sign on behalf of the company or registered organisation, or as an individual and that the information provided in this application to be true and correct.

Signature of applicant: \_\_\_\_\_ Date:        /        /

### Attachments for applications

Item	Yes	No	N/A
1. Broadform Public Liability insurance certificate of currency with a minimum cover of \$10 million and notes the interests of Somerset Regional Council.			
2. A copy of the current registration certificate for each vehicle proposed to be used in the operation of the prescribed activity.			
3. A site plan to scale of the stationary roadside vending structure, vehicle or equipment clearly identifying:			
4. Plans/photos/specifications of any structure, vehicle or equipment involved in the stationary roadside vending activity.			
5. If the activity is itinerant vending, details of locations where that activity will be carried out (suburbs, streets, etc.).			
6. Details and photos of any signage to be used including location and how the signage will be secured whilst displayed (if applicable).			
7. Details of the disposal methods of waste generated by the operation of the prescribed activity.			
8. A statement detailing how the proposed activity will meet the criteria listed in schedule 1 part 4 of Council's subordinate local law No. 1.2 (Commercial Use of Local Government Controlled Area and Roads) 2011.			